



Dynamic Technology Systems, Incorporated
5285 Shawnee Road, Suite 500
Alexandria, VA 22312

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you authorized to work in the U.S.? YES NO
☐ ☐

Have you ever worked for this company? YES NO If yes, when? _____
☐ ☐

Have you served in the military? YES NO If yes, when? _____
☐ ☐

Have you ever been convicted of a felony? YES NO
☐ ☐

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____
☐ ☐

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____
☐ ☐

Other: _____ Address: _____

Technical Skills

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO
 ☐ ☐

Disclaimer and Signature

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

Signature: _____ Date: _____



DISCLOSURE

DISCLOSURE TO EMPLOYMENT APPLICANT REGARDING PROCUREMENT OF A CONSUMER REPORT

In connection with your application for employment, we may procure a consumer report on you as part of the process of considering your candidacy as an employee. In the event that information from the report is utilized in whole or in part making an adverse decision with regard to your potential employment, before making the adverse decision, we will provide you with a copy of the consumer report and a description in writing of your rights under the Federal Fair Credit Reporting Act.

The Fair Credit Reporting Act gives you specific rights in dealing with consumer reporting agencies. You will be given a summary of these rights together with this document.

By your signature below, you hereby authorize us to obtain a consumer report and/or an investigative report about you in order to consider you for employment.

Applicant's Name: _____

Applicant's Address _____

City/State/Zip: (Print) _____

Signature: _____

Date: _____

Social Security Number: _____





Employee/Applicant
Release Authorization Form

This form shall serve as notice that an investigative consumer report may be conducted to provide information pertaining to the character, education, driving record, criminal record, past employment history and or work performance, and habits of employee/applicant.

I hereby give authorization to have the above information obtained from previous employer(s), reference given, information services bureaus, learning institutions, law enforcement agencies, and other information sources as applicable to provide the above mentioned reports or information.

I understand that any information obtained as confidential and will be used only for the purpose in which it was intended. I hereby release the employer and agents, entities, and all persons providing information about me of any liability as a result of the requested information.

Employee/Applicant please provide the following requested information.

Employee/Applicant Name Last First Middle

Maiden Name or other names used

Sex: ☐ Male ☐ Female

Nationality: ☐ Asian ☐ African American ☐ American Indian ☐ Hispanic

☐ Caucasian ☐ Other (*Please Specify*)

Address

City State Zip Code

Social Security Number

Date of Birth

Driver's License Number

Please provide a copy of photo ID. Is applicant supplying copy of photo ID? Yes ☐ No ☐

Signature Date

NOTARY WHERE APPLICABLE

SUBSCRIBE AND SWORN BEFORE ME:

Name

Notary Public

Date

My Commission Expires (Date)

